

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1							51	
2							52	
3							53	
4	1						54	
5		1					55	
6		1					56	
7		2					57	
8		1					58	
9	1						59	
10		1					60	
11		2					61	
12		2					62	
13	1						63	
14		1					64	
15		1					65	
16	1						66	
17		1					67	
18							68	
19							69	
20							70	
21							71	
22							72	
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36							86	
37							87	
38							88	
39							89	
40							90	
41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4						TOTAL IND.	
TOTAL DEP.	13						TOTAL DEP.	
TOTAL CLAIMS	17						TOTAL CLAIMS	